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|--|----------------------------------|---------------------------------------|-----------------------------|----------------------------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                       |                             | Docket No.<br>ALEX-P01-112 |      |
| Application No.<br>10/583,056  | Filing Date<br>March 16, 2007    | Examiner<br>G. R. Ewoldt              | Art Unit<br>1644            |                            |      |
| Applicant(s): Bowdish et al.   |                                  |                                       |                             |                            |      |
| Invention: NOVEL ANTI-DC-SIGN ANTIBODIES   |                                  |                                       |                             |                            |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                       |                             |                            |      |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                       |                             |                            |      |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                       |                             |                            |      |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                       |                             |                            |      |
| Total Claims   | Claims Remaining After Amendment | Highest Number Previously Paid        | Number Extra Claims Present | Rate                       |      |
| 17   | - 37 =                           | 0                                     | x 52.00                     | 0.00                       |      |
| Independent Claims   | 1                                | - 3 =                                 | 0                           | x 220.00                   | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                       |                             |                            |      |
| Other fee (please specify): Request for Continued Examination 810.00   |                                  |                                       |                             |                            |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 810.00   |                                  |                                       |                             |                            |      |
| <input checked="" type="checkbox"/> Large Entity   |                                  | <input type="checkbox"/> Small Entity |                             |                            |      |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                       |                             |                            |      |
| <input type="checkbox"/> Please charge Deposit Account No. 18-1945 in the amount of \$ 810.00.   |                                  |                                       |                             |                            |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                       |                             |                            |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                       |                             |                            |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. |                                  |                                       |                             |                            |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                       |                             |                            |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       |                                  |                                       |                             |                            |      |
| /Xuqiong Wu/<br>Xuqiong Wu, Ph.D., J.D.<br>Attorney/Agent Reg. No.: 55,745   |                                  | Dated: October 4, 2010                |                             |                            |      |
| ROPE & GRAY LLP<br>One International Place<br>Boston, MA 02110<br>(617) 951-7027   |                                  |                                       |                             |                            |      |